

(Rev. 5/05)

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ORIGINAL

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) ANTHONY C. WOODS 301308
(Name of Plaintiff) (Inmate Number)

SUSSEX CORRECTIONAL INST. GEORGETOWN DE. 15547
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

VS.

(1) Sue Scharpell

(2) Dr. ROBERTA BURNS

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

[illegible]

NY 05-812

(Case Number)

(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

NOV 25 2005

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • • No
- C. If your answer to "B" is Yes:

1. What steps did you take? FIRST I CONTACT AND INFORMED THE MEDICAL DEPARTMENT, THEN I FILLED OUT THE MEDICAL GRIEVANCE FORM.
2. What was the result? X-RAY WAS GIVEN ALONG WITH PAIN MEDICINE. PAIN MEDICINE WAS CANCELED AFTER SEVEN DAYS OF USE.

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: SUE SCHAPPELL
- Employed as REGISTERED NURSE at SUSSEX CORRECTIONAL INST.
- Mailing address with zip code: P.O. Box 500 GEORGETOWN, DELAWARE
19947

- (2) Name of second defendant: DR. ROBERTA BURNS
- Employed as DOCTOR at SUSSEX CORRECTIONAL INST.
- Mailing address with zip code: P.O. Box 500 GEORGETOWN, DELAWARE
19947

- (3) Name of third defendant: _____
- Employed as _____ at _____
- Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. ON OCTOBER 07, 05 I (WRITER) INFORMED THE
MEDICAL DEPARTMENT THAT MY ARM WAS BROKEN. I WAS
SEEN BY (RN) SUS SCHAPPEL. I WAS TO BE PUT ON
THE DOCTORS LIST ON THURSDAY OCTOBER 13, 05.
2. SAW DR. ROBERTA BURNS ON OCTOBER 13, 05 AND
INFORMED HER OF MY SITUATION. SHE STATED THAT
THE MEDICAL DEPARTMENT WOULD GET RIGHT ON IT
HOWEVER I HADNT BEEN SEEN SINCE.
3. CURL AND UNUSUAL PUNISHMENT
"EIGHT ADMENDMENT"

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. WANT TO BE AWARDED \$100,000⁰⁰ FOR PAIN AND SUFFERING,
ALSO ALL COURT COST TO BE PAID, AS WELL AS FINES.

2. I WOULD LIKE TO BE AWARDED ANOTHER \$60,000
FOR DAMAGING TO MY BODY. WHICH COULD HAVE BEEN
HEALED PROPERLY INSTEAD OF WAITING TO BE REBORN

3. I WOULD ALSO LIKE TO BE AWARDED DISABILITY,
AND RELEASED FROM PRISON.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 08 day of NOVEMBER, 2005.

ANTHONY C. WOODS

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

S.B.I.# 301308

||
I/M: ANTHONY C. WOODS BLDG. P.T. Hd.#2
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947

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1665 U.S. POSTAGE
7968 \$02.20
5897 FROM ZIP

UNITED STATES DISTRICT COURT
Lockbox 18 Federal Building
844 N. King Street
Wilmington, DE
19801

U.S.M.S.
X-RAY